



MAR 01 2005

OFFICE OF LAND QUALITY

ID FORM 2004

HAZARDOUS WASTE HANDLER IDENTIFICATION FORM

1A Delaware

MUN

1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11) CHECK CORRECT BOX(ES)	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment# _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.		
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: IND006049456		
3. Site Name (see instructions on page 11)	Legal Name: MID CITY PLATING CO., INC.		
4. Site Location Information (see instructions on page 11)	Street Address: 921 E. CHARLES ST.		
	City, Town, or Village: MUNCIE		State: IN
	County Name: Delaware		Zip Code: 47305
5. Site Land Type (see instructions on page 11)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)	A. 332813		B.
	C.		D.
7. Site Mailing Address (see instructions on page 12)	Street or P.O. 921 E. CHARLES ST.		
	City, Town, or Village: MUNCIE		
	State: IN		
	Country: USA		Zip Code: 47305
8. Site Contact Person (see instructions on page 12)	First Name: RODNEY		MI: Last Name: MUZZARELLI
	Phone Number: 7652892374		Phone Number Extension:
9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)	A. Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

A. Hazardous Waste Activities

(choose only one of the following three categories)

- In addition, indicate other generator activities (check all that apply)**

- For Items 2 through 6, check all that apply:**

- ☐ 2. **Transporter of Hazardous Waste**
- ☐ 3. **Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity
- ☐ 4. **Recycler of Hazardous Waste (at your site)** Note: A hazardous waste permit may be required for this activity
- 5. Exempt Boiler and/or Industrial Furnace**
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption
- ☐ 6. **Underground Injection Control**

1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):

☐ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- 2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)**

- ☐ 3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

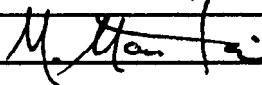
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible]

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (see instructions on page 17)

13. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yyyy)
	GENERAL MANAGER RODNEY MUZZARELLI	2/25/05



OFFICE OF LAND QUALITY
HAZARDOUS WASTE HANDLER IDENTIFICATION

(Instructions at www.in.gov/idem/land/hazwaste/fda.html)

RECEIVED Delaware 117
MAR 02 2004 ID FORM

INFORMATION ON FILE as of 12/01/2003		CHANGES NEEDED (please print)
COUNTY	DELAWARE	Reason for submittal <input type="checkbox"/> Subsequent notification to update information <input checked="" type="checkbox"/> As a component of the annual or biennial report <input type="checkbox"/> As a component of the annual operation fees
RCRA ID	IND006049456	
NAME	MID CITY PLATING COMPANY INC	
LOCATION ADDRESS	912 E CHARLES ST MUNCIE IN 47305	<input type="checkbox"/> we moved * <input type="checkbox"/> post office change
MAILING ADDRESS	921 E CHARLES ST PO BOX 6 MUNCIE IN 47308	
CONTACT Title Address Phone Fax E-mail	RODNEY MUZZARELLI GEN MGR 921 E CHARLES PO BOX 6 MUNCIE IN 47308 765-289-2374 Ext 765-289-2520 ROD@MCPLATING.COM	
OWNER Address phone fax e-mail	MID CITY PLATING CO INC 921 E CHARLES ST MUNCIE IN 47305 765-289-2374 Ext	Did the owner change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date changed: ____/____/____
Land type Owner type	P <input type="checkbox"/> private <input type="checkbox"/> municipal <input type="checkbox"/> county P <input type="checkbox"/> state <input type="checkbox"/> federal <input type="checkbox"/> district <input type="checkbox"/> Indian <input type="checkbox"/> other	* WARNING If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.

Contact for
questions on the

Annual/Biennial report

Last Name MUZZARELLI

Title GEN. MGR.

First Name RODNEY

Phone # 765-289-2374

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

FIRST

Last Name

Signature

LAST

First name

Title

Date

HAZARDOUS WASTE ACTIVITY	OLQ records	Status in 2003	Status in 2004
GENERATOR LQG = large quantity SQG = small quantity CESQG = conditionally exempt	LQG	<input checked="" type="checkbox"/> LQG ___ Non-handler ___ SQG ___ Out of Business ___ CEG	<input checked="" type="checkbox"/> LQG ___ Non-handler * ___ SQG ___ Out of Business* ___ CEG
TREATMENT, STORAGE, DISPOSAL FACILITY		___ Active TSD ___ Inactive TSD ___ Completed RCRA closure ___ Post closure activities	___ Active TSD ___ Inactive TSD ___ Completed RCRA closure ___ Post closure activities
TRANSPORTER S = we transport our own waste C = we transport waste for others X = transporter, status unknown		___ We transport our own waste (S) ___ We transport for others (C) ___ No longer transport; still in business ___ Out of business	* If you checked out of business or non-handler, we will deactivate your ID number. You must reapply for the number before using it again.

EXEMPT BOILER and/or INDUSTRIAL FURNACE

___ smelting, melting, refining exemption
 ___ small quantity on site burner exemption

___ United States Importer of Hazardous Waste

___ Mixed Waste Generator (hazardous and radioactive)

USED OIL If you are just a generator of used oil this section does not apply to you.

___ Transporter ___ Processor ___ Marketer who directs shipment to off-specification burner
 ___ Transfer Facility ___ Re-refiner ___ Marketer who first claims the oil meets specifications
 ___ Collection Ctr ___ Off-specification Used Oil Burner

TRANSFER FACILITY ACTIVITIES

___ Mix ___ Comingle
 ___ Bulk ___ Repackage
 ___ Pump ___ Open containers
 ___ Combine ___ Transfer between vehicles

UNIVERSAL WASTE

___ L = large handler: accumulates > or = 11,000 pounds
 ___ S = small handler: accumulates < 11,000 pounds

HW CODES Box 1 on the Uniform HW Manifest

F006 F008 ___
 ___ ___ ___

NAICS CODE(S) A code that describes your type of business

332
 (primary)

(Go to www.naics.com to find code list)**COMMENTS**

Return to: Facilities Data Analysis Section, Office of Land Quality
 Indiana Department of Environmental Management
 PO Box 6015, 100 North Senate Avenue
 Indianapolis, Indiana 46206-6015



OFFICE OF LAND QUALITY
HAZARDOUS WASTE HANDLER IDENTIFICATION

Delaware Co 1A
ID FORM

(Instructions at www.in.gov/idem/land/hazwaste/fda.html)

INFORMATION ON FILE as of 12/02/2002		CHANGES NEEDED (please print)
COUNTY	DELAWARE	Reason for submittal <input type="checkbox"/> Subsequent notification to update information <input type="checkbox"/> As a component of the annual or biennial report <input type="checkbox"/> As a component of the annual operation fees
RCRA ID	IND006049456	
NAME	MID CITY PLATING COMPANY INC	
LOCATION ADDRESS	912 E CHARLES ST MUNCIE IN 47305	<input type="checkbox"/> we moved * <input type="checkbox"/> post office change
MAILING ADDRESS	921 E CHARLES ST PO BOX 6 MUNCIE IN 47308	
CONTACT	RODNEY MUZZARELLI Title GEN MGR Address 921 E CHARLES ST PO BOX 6 MUNCIE IN 47308 Phone 765-289-2374 Ext Fax 765-289-2520 E-mail ROD@MCPLATING.COM	
OWNER	MID CITY PLATING CO INC Address 921 E CHARLES ST MUNCIE IN 47305 phone 765-289-2374 Ext fax e-mail	Did the owner change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date changed: ____/____/____
Land type	P <input type="checkbox"/> private <input type="checkbox"/> municipal <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> federal <input type="checkbox"/> district <input type="checkbox"/> Indian <input type="checkbox"/> other	* WARNING If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.

Contact for questions on the Annual/Biennial report Last Name MUZZARELLI First Name RODNEY Title GEN. MGR. Phone # 765-289-2374

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Last Name MUZZARELLI First name RODNEY Title GEN. MGR.
Signature [Signature] Date 2-24-02

HAZARDOUS WASTE ACTIVITY	OLQ records	Current status	Previous (report) year status <i>When ID form is sent with HW report</i>
GENERATOR LQG = large quantity SQG = small quantity CESQG = conditionally exempt	LQG	<input checked="" type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG _____ Non-handler * _____ Out of Business*	<input checked="" type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG _____ Non-handler _____ Out of Business
TREATMENT, STORAGE, DISPOSAL FACILITY		_____ Active TSD _____ Inactive TSD _____ Completed RCRA closure _____ Post closure activities	_____ Active TSD _____ Inactive TSD _____ Completed RCRA closure _____ Post closure activities
TRANSPORTER S = we transport our own waste C = we transport waste for others X = transporter, status unknown		_____ We transport our own waste (S) _____ We transport for others (C) _____ No longer transport; still in business _____ Out of business	* If you have checked out of business or non-handler, we will deactivate your RCRA ID number. You must re-notify IDEM before you may reuse the number.
EXEMPT BOILER and/or INDUSTRIAL FURNACE smelting, melting, refining exemption small quantity on site burner exemption	_____ _____	_____ smelting, melting, refining exemption _____ small quantity on site exemption	

USED OIL

_____ Transporter	_____ Processor	_____ Marketer who directs shipment to off-specification burner
_____ Transfer Facility	_____ Re-refiner	_____ Marketer who first claims the oil meets specifications
_____ Collection Ctr	_____ Recycler	_____ Off-specification Used Oil Burner

UNIVERSAL WASTE	TRANSFER FACILITY
_____ L = large handler S = small handler	_____ Mix _____ Bulk _____ Combine _____ Comingle _____ Pump _____ Repackage _____ Open containers _____ Transfer between vehicles

NAICS CODES 332 _____ _____ _____ _____ _____
 (primary)

(Go to www.naics.com for codes)

HW CODES F006 F008 _____ _____ _____
 (Box 1 on the Uniform HW Manifest)

COMMENTS

Return to: Facilities Data Analysis Section, Office of Land Quality
 Indiana Department of Environmental Management
 PO Box 6015, 100 North Senate Avenue
 Indianapolis, Indiana 46206-6015



OFFICE OF LAND QUALITY
HAZARDOUS WASTE HANDLER IDENTIFICATION

RECEIVED

MAR 04 2002

ID FORM

Delaware 1A

INFORMATION ON FILE as of 10/26/2001		CHANGES NEEDED (please print)
COUNTY	DELAWARE	Reason for submittal <input type="checkbox"/> Subsequent notification to update information <input type="checkbox"/> As a component of the annual or biennial report <input type="checkbox"/> As a component of the annual operation fees
RCRA ID	IND006049456	
NAME	MID CITY PLATING COMPANY INC	
LOCATION ADDRESS	912 E CHARLES ST MUNCIE IN 47305	<input type="checkbox"/> we moved * <input type="checkbox"/> post office change
MAILING ADDRESS	921 E CHARLES ST PO BOX 6 MUNCIE IN 47308	
CONTACT Title Address Phone Fax E-mail	RODNEY MUZZARELLI GEN MGR 921 E CHARLES PO BOX 6 MUNCIE IN 47308 765-289-2374 Ext 765-289-2520 ROD@MCPLATING.COM	
OWNER Address phone fax e-mail	MID CITY PLATING CO INC 921 E CHARLES ST MUNCIE IN 47305 765-289-2374 Ext	Did the owner change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date changed: ____/____/____
Land type Owner type	(See instructions for codes)	* WARNING If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.

Contact for
questions on the
Annual/Biennial report

Last Name MUZZARELLI
Title GEN MGR

First Name RODNEY
Phone # 765-289-2374

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Last Name MARTIN First name MARTHA Title OWNER
Signature Marta Martin Date 2/22/02

HAZARDOUS WASTE ACTIVITY	OLQ records	Current status	Previous (report) year status <i>When ID form is sent with fees or report</i>
GENERATOR LQG = large quantity SQG = small quantity CESQG = conditionally exempt	LQG	___ LQG ___ Non-handler* ___ SQG ___ Out of Business* ___ CEG	___ LQG ___ Non-handler* ___ SQG ___ Out of Business* ___ CEG
TREATMENT, STORAGE, DISPOSAL FACILITY		___ Active TSD ___ Inactive TSD ___ Completed RCRA closure ___ Post closure activities	___ Active TSD ___ Inactive TSD ___ Completed RCRA closure ___ Post closure activities
TRANSPORTER S = we transport our own waste C = we transport waste for others X = transporter, status unknown		___ We transport our own waste (S) ___ We transport for others (C) ___ No longer transport; still in business ___ Out of business	* If you have checked out of business or non-handler, we will deactivate your RCRA ID number. You must re-notify IDEM before you may reuse the number.
EXEMPT BOILER and/or INDUSTRIAL FURNACE smelting, melting, refining exemption small quantity on site burner exemption	___ ___	___ smelting, melting, refining exemption ___ small quantity on site exemption	

USED OIL

___ Transporter	___ Processor	___ Marketer who directs shipment to off-specification burner
___ Transfer Facility	___ Re-refiner	___ Marketer who first claims the oil meets specifications
___ Collection Ctr	___ Recycler	___ Off-specification Used Oil Burner

UNIVERSAL
WASTE

 L = large handler
 S = small handler
TRANSFER
FACILITY

___ Mix	___ Combine	___ Pump	___ Open containers
___ Bulk	___ Comingle	___ Repackage	___ Transfer between vehicles

(See instructions for NAICS and HW codes)

 NAICS CODES 332 _____
 (primary)

 HW CODES D001 D002 D003 D007 F006 F007 F008

COMMENTS _____

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORM

RCRA ID **IND006049456**

County DELAWARE

NAME **MID CITY PLATING COMPANY INC**

Change

Is the name change due to a change in ownership? ☐ Yes ☐ No

LOCATION ADDRESS 912 E CHARLES ST

MUNCIE IN 47305

Change

☐ We moved ☐ PO change ☐ Other (please explain)

MAILING ADDRESS 912 E CHARLES ST

PO BOX 6
MUNCIE IN 47308

Change

OWNER MID CITY PLATING CO INC
912 E CHARLES ST

MUNCIE IN 47305

Change

Environmental
Affairs Contact

RODNEY MUZZARELLI

921 E CHARLES
PO BOX 6
MUNCIE

IN 47308

Phone 765-289-2374 Ext
Fax 765-289-2520
E-mail

Change

Fees
Contact

RODNEY MUZZARELLI

921 E CHARLES
PO BOX 6
MUNCIE

IN 47308

Phone 765-289-2374 Ext
Fax 765-289-2520
E-mail

Change

SIC CODES 3471 3559 3089 3490

Change

MAR 03 2000

De Munn Co. 1A

J. Munn

Hazardous Waste Handler Update Form Page 2

Name MID CITY PLATING COMPANY INC

RCRA ID IND006049456

County DELAWARE

HAZARDOUS WASTE ACTIVITY

	<u>DEM records</u>	<u>Last year Activity</u>	<u>Future Activity</u>
GENERATOR TYPE	LQG	<u>LQG</u>	<u>LQG</u>
		LQG, SQG, or CEG	

TRANSPORTER TYPE

S = we transport our own waste
C = we transport waste for others
X = transporter, status unknown

TSD TYPE

(includes inactive TSDs who
have not completed RCRA closure)

POST CLOSURE ACTIVITY**NON HANDLER *****OUT OF BUSINESS *****ONE TIME GENERATOR ***

*If you have checked one of these categories, your EPA ID number will be deactivated
and you will have to reapply for it if you ever need to manifest waste off site again.

HAZARDOUS WASTE FUEL (Mark any applicable, if they are not already marked)

<input type="checkbox"/> Generator Marketing to Burner	<input type="checkbox"/> Utility Boiler
<input type="checkbox"/> Other Marketer	<input type="checkbox"/> Industrial Boiler
<input type="checkbox"/> Boiler / Industrial Furnace	<input type="checkbox"/> Industrial Furnace

USED OIL (Mark any applicable, if they are not already marked)

<input type="checkbox"/>	Marketer who directs shipment to off-specification burner
<input type="checkbox"/>	Marketer who first claims that the oil meets specifications
<input type="checkbox"/>	Used Oil Burner
<input type="checkbox"/>	utility boiler
<input type="checkbox"/>	industrial boiler
<input type="checkbox"/>	industrial furnace
<input type="checkbox"/>	Transporter
<input type="checkbox"/>	Re-refiner
<input type="checkbox"/>	Transfer Facility
<input type="checkbox"/>	Collection Center
<input type="checkbox"/>	Processor
<input type="checkbox"/>	Recycler

UNIVERSAL WASTE (Mark any applicable, if they are not already marked)

☐ Handler type (S = small handler, L = large handler)

☐ Transporter

☐ Destination facility

TRANSFER FACILITY

<input checked="" type="checkbox"/> Mix	<input checked="" type="checkbox"/> Bulk	<input checked="" type="checkbox"/> Transfer between vehicles
<input checked="" type="checkbox"/> Combine	<input type="checkbox"/> Pump	
<input checked="" type="checkbox"/> Comingle	<input type="checkbox"/> Repackage	<input type="checkbox"/> Open containers

COMMENTS

SIGNATURE

DATE

Martha Martin Coim
2-27-00

EPA ID	IND006049456
NAME	MID CITY PLATING COMPANY INC.

Is the name change due to a change in ownership?	yes	no
--	-----	----

MUNCIE IN 47305

921 E. CHARLES ST
(OFFICE MOVED)
We moved ☒ PO change ☐ Other (please explain) ☐

MUNCIE IN 47305

921 E. CHARLES
P.O. BOX 6 47308

Phone: 765-289-2374 Fax: 765-289-2520

***** HAZARDOUS WASTE ACTIVITY *****

<u>DEM</u>	<u>1998</u>	<u>Future</u>
LQG	✓	✓

S = we transport our own waste
C = we transport waste for others
X = transporter, status unknown

(includes inactive TSDs who
have not completed RCRA closure)

POST CLOSURE ACTIVITY

NON HANDLER *

OUT OF BUSINESS *

ONE TIME GENERATOR *

*** If you have checked one of these categories, your EPA ID number will be deactivated and you will have to reapply for it if you ever need to manifest waste off site again.**

SIC CODES 3471

Change

COMMENTS

SIGNATURE

DATE _____

[Signature]
JAN 14, 1999



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live

Frank O'Bannon
Governor

John M. Hamilton
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
(317) 232-8603
(800) 451-6027
www.ai.org/idem

February 25, 1999

Mr. Rodney Muzzarelli
Mid City Plating Company, Inc.
921 E. Charles St.
P. O. Box 6
Muncie, Indiana 47305

Dear Mr. Muzzarelli:

This is in response to your Hazardous Waste Handler Information Update form (enclosed) regarding the following installation:

U.S. EPA ID Number: **IND006049456**
Location of Installation: 921 E. Charles Street
Muncie, Indiana 47305

According to the information submitted, the above installation has changed locations. Our records indicate the current address is:

416 S. Hackley Street
Muncie, Indiana 47305

If a facility moves to another location, the owner must notify the Indiana Department of Environmental Management of this change. U.S. EPA Identification Number (U.S. EPA ID) numbers are site specific. Since your facility has changed locations, a new U.S. EPA ID number will be assigned.

Enclosed is a Notification of Regulated Waste Activity Form (located in the back of the booklet) to be filled out and returned to:

Indiana Department of Environmental Management
Office of Solid and Hazardous Waste Management
P. O. Box 7035
Indianapolis, Indiana 47207-7035

If you have any questions, please contact me at 317-232-7956.

Sincerely,

Marilyn J. Hansen, Environmental Manager
Waste Data Analysis and Planning
Operations Branch
Office of Solid and Hazardous Waste Management

Enclosure

*Not a location change.
Moved entrance of building from
one corner of building to
another corner. ~~By~~ Rodney Muzzarelli
Per: 3/1/99*

**STATE OF INDIANA
1995 HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORM**

EPA ID: IND006049456

NAME: MID CITY PLATING COMPANY ~~INC~~

Change _____
Is the name change due to a change in ownership? ____ yes ____ no

LOCATION ADDRESS: 416 S HACKLEY ST
MUNCIE IN 47305

Change _____

Is the location address change due to a move or did the Post Office change your address?
____ We moved ____ PO change ____ Other (please explain in comments)

MAILING ADDRESS: 416 S HACKLEY ST
MUNCIE IN 47305

Change _____

CONTACT: RODNEY MUZZARELLI

317-289-2374

Change _____

OWNER:

Change _____

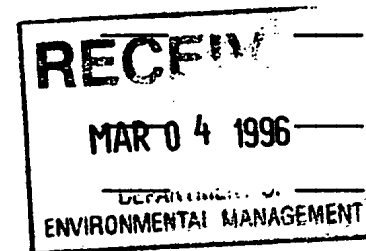
COUNTY: DELAWARE

***** HAZARDOUS WASTE ACTIVITY *****

	DEM 1995	Future
GENERATOR STATUS	LQG <u>LQG</u> (please indicate LQG, SQG, or CEG)	<u>LQG</u>
TRANSPORTER STATUS	<u>C</u>	<u>C</u>
S = we transport our own waste C = we transport commercially		
TSD STATUS	_____	_____
(includes inactive TSD's who have not completed RCRA closure)		

POST CLOSURE STATUS
(indicates site has post closure activity)

- * NON HANDLER
- * OUT OF BUSINESS
- * ONE TIME GENERATOR



* If you have checked one of these categories, your EPA ID number will be deactivated and you will have to reapply for it if you ever need to manifest waste off-site again.

SIC CODES: 3471
PRIMARY SECONDARY

COMMENTS: _____

SIGNATURE: Martha Martin

DATE: 2/27/96

WMMS
10/96

county Delaware
file 1A

NOTIFIER DATABASE
INFORMATION UPDATE FORM

6/2/92
EPA ID IND 006049456 NAME Mid City Plating

REVIEW ATTACHED NOTIFICATION AND CHANGE ANY INFORMATION THAT IS
DIFFERENT FROM OUR CURRENT INFORMATION *** IF THE LOCATION ADDRESS
IS DIFFERENT DO NOT MAKE ANY CHANGES. RETURN THE FORM TO JENNY
RANCK DOOLEY. ***

NEW NAME _____ PREVIOUS ID _____
*put old name into alias field

LOCATION: _____ MAILING: _____
ADDRESS _____ ADDRESS _____

CONTACT: _____ phone: _____
address: _____

OWNER: _____ phone: _____
address: _____

LAND TYPE: _____ OWNER TYPE: _____

STATUS CODE: 1 SIC CODES: primary _____
OFF FLAG: _____ secondary _____

GENERATOR: 1 TRANSPORTER: _____ TSD: _____ RECYCLER: _____
1 = LQG s = for own waste c = commercial
2 = SQG c = commercially r = non commer
3 = CEG x = don't know n = not a recy

HWF-GMB-FL _____ HWF-OM-FL _____ HWF-BURNER-FL _____
OSUOF-GMB-FL _____ OSUOF-OM-FL _____ OSUOF-BURNER-FL _____
SPEC-OIL-MKTR-FL _____ INDUST-BOILER-FL _____ INDUS-FURN-FL _____
UTIL-BOILER-FL _____

AIR-FL _____ RAIL-FL _____ HIGHWAY _____ WATER-FL _____ OTHER _____

NAME: Jenny Ranck Dooley DATE: 6/1/92 over _____

COMMENTS: These people were coded as non-handlers
in DEM database, but were active in EPA's.*

INCINERATOR _____
SURF-IMPOUND _____
WASTE-PILES _____

CONTAINERS _____
LANDFILL _____
OTHER _____

TANKS _____
LAND-TREAT _____

LAND-DISP-UNIV _____

STORE-TREAT-UNIV _____

* Our database in error & has been corrected.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Mid-City Plating Co., Inc.
416 S. Hackley St.
Muncie, Indiana 47305

EPA ID NO.

I N D | 0 0 6 | 0 4 9 | 4 5 6 |



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM
IC

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

A. EPA ID No.

Same as label ☒ or

B. County

Delaware

C. Site/company name

Same as label ☒ or

D. Has the site name associated with this EPA ID changed since 1989?

☐ 1 Yes
☒ 2 No

E. Street name and number. If not applicable, enter industrial park, building name or other physical location description.

Same as label ☒ or

F. City, town, village, etc.

Same as label ☒ or

G. State

Same as label ☒

H. Zip Code

Same as label ☒

SEC. II Mailing address of site. Instruction page 3

A. Is the mailing address the same as the location address?

☐ 1 Yes (SKIP TO SEC. III)
☒ 2 No (GO TO BOX B)

B. Number and street name of mailing address

P.O. Box 6

C. City, town, village, etc.

Muncie

D. State

I N

E. Zip Code

4 7 3 0 8

OFFICE OF SOLID WASTE
 AND HAZARDOUS WASTE
 DIVISION
 MAR 3 9 00 AM '92

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print: Last name

First name

M.I.

B. Title

C. Telephone

Muzzarelli

Rodney

L.

owner

131171 1218191-121317141
 Extension

SEC. IV

Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A.

13141711

B.

N/A

C.

N/A

D.

N/A

SEC. V

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last name

First name

M.I.

B. Title

Muzzarelli

Rodney

L.

owner

C. Signature

D. Date of signature

03 02 92
 MO. DAY YR.

Page 1 of 5

Sec. VI - Generator Status

EPA ID NO.

I N D | 0 | 0 | 6 | 0 | 4 | 9 | 4 | 5 | 6 |

A. 1991 RCRA generator status

Instruction page 7

(CHECK ONE BOX BELOW)

- ☒ 1 LQG
☐ 2 SQG (SKIP TO SEC. VII)
☐ 3 CESQG
☐ 4 Non generator (CONTINUE TO BOX B)

B. Reason for not generating

Page 9

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec. VII - On-Site Waste Management Status

A. RCRA permitted or interim status storage

Instruction page 10

3

B. RCRA permitted or interim status treatment, disposal, or recycling

Page 10

1

C. RCRA-exempt treatment, disposal, or recycling

Page 11

3

Sec. VIII - Waste Minimization Activity during 1990 or 1991

A. Did this site begin or expand a source reduction activity during 1990 or 1991?

Instruction page 11

- ☐ 1 Yes
☒ 2 No

B. Did this site begin or expand a recycling activity during 1990 or 1991?

Page 12

- ☐ 1 Yes
☒ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991?

Page 12

- ☒ 1 Yes
☐ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1990 or 1991?

Page 12

(CHECK YES OR NO FOR EACH ITEM)

Yes No

- ☒ 1 ☐ 2 a. Insufficient capital to install new source reduction equipment or implement new source reduction practices
☐ 1 ☒ 2 b. Lack of technical information on source reduction techniques applicable to the specific production processes
☒ 1 ☐ 2 c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment
☒ 1 ☐ 2 d. Concern that product quality may decline as a result of source reduction
☒ 1 ☐ 2 e. Technical limitations of the production processes
☐ 1 ☒ 2 f. Permitting burdens
☐ 1 ☒ 2 g. Source reduction previously implemented - additional reduction does not appear to be technically feasible
☐ 1 ☒ 2 h. Source reduction previously implemented - additional reduction does not appear to be economically feasible
☐ 1 ☒ 2 i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements
☐ 1 ☐ 2 j. Other (SPECIFY COMMENTS IN BOX BELOW)

E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1990 or 1991?

Page 12

(CHECK YES OR NO FOR EACH ITEM)

Yes No

- ☒ 1 ☐ 2 a. Insufficient capital to install new recycling equipment or implement new recycling practice
☒ 1 ☐ 2 b. Lack of technical information on recycling techniques applicable to this site's specific production processes
☒ 1 ☐ 2 c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment
☒ 1 ☐ 2 d. Concern that product quality may decline as a result of recycling
☐ 1 ☒ 2 e. Requirements to manifest wastes inhibit shipments off site for recycling
☒ 1 ☐ 2 f. Financial liability provisions inhibit shipments off site for recycling
☒ 1 ☐ 2 g. Technical limitations of production processes inhibit shipments off site for recycling
☒ 1 ☐ 2 h. Technical limitations of production processes inhibit on-site recycling
☐ 1 ☒ 2 i. Permitting burdens inhibit recycling
☒ 1 ☐ 2 j. Lack of permitted off-site recycling facilities
☒ 1 ☐ 2 k. Unable to identify a market for recyclable materials
☐ 1 ☒ 2 l. Recycling previously implemented - additional recycling does not appear to be technically feasible
☐ 1 ☒ 2 m. Recycling previously implemented - additional recycling does not appear to be economically feasible
☐ 1 ☒ 2 n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements
☐ 1 ☐ 2 o. Other (SPECIFY COMMENTS IN BOX BELOW)

Comments:

county
fileDelaware
1A
RECEIVEDNOTIFIER DATABASE
INFORMATION UPDATE FORM

JUN 17 1992

EPA ID IND 006049456 NAME Mid City Plating
U. S. EPA, REGION V
SWB - PMS

REVIEW ATTACHED NOTIFICATION AND CHANGE ANY INFORMATION THAT IS DIFFERENT FROM OUR CURRENT INFORMATION *** IF THE LOCATION ADDRESS IS DIFFERENT DO NOT MAKE ANY CHANGES. RETURN THE FORM TO JENNY RANCK DOOLEY. ***

NEW NAME _____ PREVIOUS ID _____
*put old name into alias fieldLOCATION: _____ MAILING: _____
ADDRESS _____ ADDRESS _____CONTACT: _____ phone: _____
address: _____OWNER: _____ phone: _____
address: _____

LAND TYPE: _____ OWNER TYPE: _____

STATUS CODE: 1 SIC CODES: primary _____
OFF FLAG: _____ secondary _____GENERATOR: 1 TRANSPORTER: _____ TSD: _____ RECYCLER: _____
1 = LQG s = for own waste c = commercial
2 = SQG c = commercially r = non commer
3 = CEG x = don't know n = not a recyHWF-GMB-FL _____ HWF-OM-FL _____ HWF-BURNER-FL _____
OSUOF-GMB-FL _____ OSUOF-OM-FL _____ OSUOF-BURNER-FL _____
SPEC-OIL-MKTR-FL _____ INDUST-BOILER-FL _____ INDUS-FURN-FL _____
UTIL-BOILER-FL _____

AIR-FL _____ RAIL-FL _____ HIGHWAY _____ WATER-FL _____ OTHER _____

NAME: Jenny Ranck Dooley DATE: 6/1/92 over _____JUN 24 9 04 AM '92
OFFICE OF SOLID
AND HAZARDOUS
WASTE MGMT
DEM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME

Mid-City Plating Co., Inc.

416 S. Hackley St.

Muncie, Indiana 47305

EPA ID NO.

IND 006 049 456

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1991 Hazardous Waste Report

FORM

IC

IDENTIFICATION AND
CERTIFICATION**INSTRUCTIONS:** Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form.**SEC. I** Site name and location address. Complete items A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

A. EPA ID No.

Same as label ☒ or

B. County

Delaware

C. Site/company name

Same as label ☒ or

D. Has the site name associated with this EPA ID changed since 1989?

☐ 1 Yes
☒ 2 No

E. Street name and number. If not applicable, enter industrial park, building name or other physical location description.

Same as label ☒
or

F. City, town, village, etc.

Same as label ☒
orG. State
Same as label ☒H. Zip Code
Same as label ☒**SEC. II** Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address?

☐ 1 Yes (SKIP TO SEC. III)
☒ 2 No (GO TO BOX B)

B. Number and street name of mailing address

P.O. Box 6

C. City, town, village, etc.

Muncie

D. State

IND

E. Zip Code

47308

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print: Last name

First name

M.I.

B. Title

C. Telephone

Muzzarelli

Rodney

L.

owner

13117 121819-12131714

Extension

SEC. IV

Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A.

3471

B.

N/A

C.

N/A

D.

N/A

SEC. V

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last name

First name

M.I.

B. Title

Muzzarelli

Rodney

L.

owner

C. Signature

D. Date of signature

03 03 92
MO. DAY YR.

Page 1 of 5

Sec. VI - Generator Status

EPA ID NO.

I N D | 0 | 0 | 6 | 0 | 4 | 9 | 4 | 5 | 6 |

A. 1991 RCRA generator status

Instruction page 7

(CHECK ONE BOX BELOW)

- ☒ 1 LOG
☐ 2 SQG (SKIP TO SEC. VII)
☐ 3 CESQG
☐ 4 Non generator (CONTINUE TO BOX B)

B. Reason for not generating

Page 9

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec. VII - On-Site Waste Management Status

A. RCRA permitted or interim status storage

Instruction page 10

3

B. RCRA permitted or interim status treatment, disposal, or recycling

Page 10

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C. RCRA-exempt treatment, disposal, or recycling

Page 11

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Sec. VIII - Waste Minimization Activity during 1990 or 1991

A. Did this site begin or expand a source reduction activity during 1990 or 1991?

Instruction page 11

- ☐ 1 Yes
☒ 2 No

B. Did this site begin or expand a recycling activity during 1990 or 1991?

Page 12

- ☐ 1 Yes
☒ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991?

Page 12

- ☒ 1 Yes
☐ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1990 or 1991?

Page 12

(CHECK YES OR NO FOR EACH ITEM)

Yes No

- ☒ 1 ☐ 2 a. Insufficient capital to install new source reduction equipment or implement new source reduction practices
☐ 1 ☒ 2 b. Lack of technical information on source reduction techniques applicable to the specific production processes
☒ 1 ☐ 2 c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment
☒ 1 ☐ 2 d. Concern that product quality may decline as a result of source reduction
☒ 1 ☐ 2 e. Technical limitations of the production processes
☐ 1 ☒ 2 f. Permitting burdens
☐ 1 ☒ 2 g. Source reduction previously implemented - additional reduction does not appear to be technically feasible
☐ 1 ☒ 2 h. Source reduction previously implemented - additional reduction does not appear to be economically feasible
☐ 1 ☒ 2 i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements
☐ 1 ☐ 2 j. Other (SPECIFY COMMENTS IN BOX BELOW)

E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1990 or 1991?

Page 12

(CHECK YES OR NO FOR EACH ITEM)

Yes No

- ☒ 1 ☐ 2 a. Insufficient capital to install new recycling equipment or implement new recycling practice
☒ 1 ☐ 2 b. Lack of technical information on recycling techniques applicable to this site's specific production processes
☒ 1 ☐ 2 c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment
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☐ 1 ☒ 2 n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements
☐ 1 ☐ 2 o. Other (SPECIFY COMMENTS IN BOX BELOW)

Comments:

Office of Solid & Hazardous Waste Management
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
105 South Meridian Street
P.O. Box 6015
Indianapolis, IN 46206-6015

STA

ENVIRONMENTAL COORDINATOR
IND006049456
MID CITY PLATING COMPANY, INC.
416 SOUTH HACKLEY STREET
MUNCIE, IN 47305

66-01

MAR 23 9 14 AM '88

OFFICE OF SOLID
AND HAZARDOUS
WASTE
Installation Idc

FORM E:

SOLID WASTE MANAGEMENT BOARD

INSTRUCTIONS: Please refer to the specific instructions before completing this form. The information requested herein is required by IC 13-7-8.5--2.

I. TYPE OF HAZARDOUS WASTE REPORT FOR THE YEAR ENDING DEC. 31, 1987

FORM G:

GENERATOR BIENNIAL REPORT



FORM F:

FACILITY BIENNIAL REPORT



DID NOT GENERATE/TSD HAZARDOUS



SMALL QUANTITY GENERATOR OF HAZARDOUS WASTE

GENERATE LESS THAN
100 Kg PER MONTH

GENERATE BETWEEN

100 & 1000 Kg PER MONTH

II. INSTALLATION'S EPA I.D. NUMBER

IND006049456

III. NAME OF INSTALLATION

MID-CITY PLATING CO, INC

IV. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

P.O. BOX 16, 1416 S HACKLEY ST

CITY OR TOWN

MUNCIE

STATE

IN

ZIP CODE

47305

V. LOCATION OF INSTALLATION

STREET OR P.O. BOX

416 S HACKLEY ST

CITY OR TOWN

MUNCIE

STATE

IN

ZIP CODE

47305

COUNTY

DELAWARE

VI. INSTALLATION CONTACT

Last Name

MUZIARELLI

First Name

RODNEY

Phone (area code & no.)

317-1289-1237

VII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RODNEY MUZZARELLI V.P.

(A.) PRINT OR TYPE NAME AND TITLE

(B.) SIGNATURE

21 MAR 88

(C.) DATE SIGNED

Please print or type with ELITE type (12 characters per inch).

PAGE 1 OF 1

2m

STA

ENVIRONMENTAL COORDINATOR
IND006049456
MID CITY PLATING COMPANY, INC.
416 SOUTH HACKLEY STREET
MUNCIE, IN 47305

66-01

MAR 24 8 14 AM '88

FORM E:

OFFICE OF SOLID
AND HAZARDOUS
WASTE
Installation Id
REF

SOLID WASTE MANAGEMENT BOARD

INSTRUCTIONS: Please refer to the specific instructions before completing this form. The information requested herein is required by IC 13-7-8.5--2.

I. TYPE OF HAZARDOUS WASTE REPORT FOR THE YEAR ENDING DEC. 31, 1987

FORM G:

GENERATOR BIENNIAL REPORT



FORM F:

FACILITY BIENNIAL REPORT



DID NOT GENERATE/TSD HAZARDOUS



SMALL QUANTITY GENERATOR OF HAZARDOUS WASTE

GENERATE LESS THAN
100 Kg PER MONTH

GENERATE BETWEEN
100 & 1000 Kg PER MONTH



II. INSTALLATION'S EPA I.D. NUMBER

IND006049456

III. NAME OF INSTALLATION

MID-CITY PLATING CO, INC

IV. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

P.O. BOX 16, 1416 S HACKLEY ST

CITY OR TOWN

MUNCIE

STATE

IN

ZIP CODE

47305

V. LOCATION OF INSTALLATION

STREET OR P.O. BOX

416 S HACKLEY ST

CITY OR TOWN

MUNCIE

STATE

IN

ZIP CODE

47305

COUNTY

DELAWARE

VI. INSTALLATION CONTACT

Last Name

MUZARLI

First Name

RODNEY

Phone (area code & no.)

317/1289-12374

VII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RODNEY MUZARLI, V.P.

(A.) PRINT OR TYPE NAME AND TITLE

(B.) SIGNATURE

21 MAR 88

(C.) DATE SIGNED

Please print or type with ELITE type (12 characters per inch).

PAGE 1 OF 1

FOR OFFICIAL USE ONLY														
W	I	N	D	0	0	6	0	4	9	4	5	6	2	1

DETACH A

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F008	2 F009	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 P106	14 P121	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P106	32 P121	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

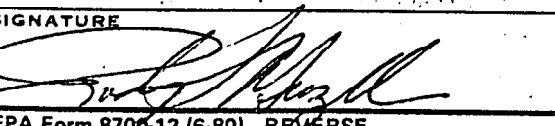
49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE (D001)
 ☒ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) RODNEY MUZZARELLI, PLT. MGR	DATE SIGNED 8/8/80
---	--	-----------------------

DETACH A